Complete and send	his form, together wit	th applicable fee(	(s), to: Mail	Mail Stop ISSUE	LERE LE	005
JAN 1	1 2005 (2)		12-05	Commissioner for P.O. Box 1450 Alexandria, Virg	inia 22313-137ADEM	AN CARELLE
DIOTRI IOTIO INSTITUTE CO		and the locate		(703) 746-4000	inal) Disability is the second of	1. 111
appropriate. All further cor indicated unless corrected maintenance fee notification	respondence including the pelow of directed otherwise	Patent, advance order in Block 1, by (a) sp	ree and PUBLICATION of and notification of pecifying a new co	of maintenance fees werrespondence address;	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for
	E ADDRESS (Note: Use Block 1 for 11/10/2004		]	Fee(s) Transmittal. The papers. Each additional have its own certificate	mailing can only be used for is certificate cannot be used all paper, such as an assignment of mailing or transmission.	for any other accompanying
DARBY & DAR 805 Third Avenue New York, NY 100	Date 1165 1 hereby certify that	, on the date indicated ab with the U.S. Postal Sen	2 0 5 5 0  ove, this paper or vice & that it was	50-US Cerlify that the States Postal Service valdressed to the Mai	rtificate of Mailing or Transis Fee(s) Transmittal is bein with sufficient postage for first Stop ISSUE FEE address	g deposited with the United st class mail in an envelope above, or being facsimile
·	addressed for del	livery to the Commissio exandria, VA 22313-1450	iner for Patents.	transmitted to the USPTO (703) 746-4000, on the date indicated below.  1 01/18/2005 GHORDOF2 00000070 10052324 (Depositor's name)		
	B.w. LZ Name (Print)		1. tee	01 FC:1501 02 FC:1504		1400.00 OP (Signature) 300.00 OP (Date)
APPLICATION NO.	FILING DATE	FIR	ST NAMED INVENT	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/052,324	. 01/17/2002	<u> </u>	Pere Ristol Debart	<del>-</del>	2136/OK111	1187
TITLE OF INVENTION: PI	ROCESS FOR THE PRODU	UCTION OF VIRUS-I	NACTIVATED H	UMAN GAMMAGLO	OBULIN G	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370		\$300	\$1670	02/10/2005
EXAMINER		ART UNIT	CL	ASS-SUBCLASS		•
SAUNDERS	1644	4 530-380000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Darby & Darby			
2 ACCIONEE NAME AND	PESIDENCE DATA TO B	DE DEINTED ON THE	DATENT (			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Probitas Pharma, S.A. Barcelona, Spain						
Please check the appropriate	assignee category or category	ories (will not be printe	ed on the patent):	☐ Individual ☐X0	orporation or other private gr	oup entity Government
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
XX A check in the amount of the fee(s) is enclosed. \$1700.00						
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Payment by credit card. Form PTO-2038 is attached.  XX The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to						
Advance Order - # or	Copies	De	eposit Account Nun	the $04-0100$	(enclose an extra c	opy of this form).
	(from status indicated above MALL ENTITY status. See	_	b. Applicant is no	longer claiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issublication Fee (if required) ords of the United States Pater	ue Fee and Publication will not be accepted fro ent and Trademark Of	Fee (if any) or to rom anyone other the fice.	e-apply any previousl an the applicant; a regi	y paid issue fee to the application stered attorney or agent; or the	ation identified above.  the assignee or other party in
Authorized Signature	Janue S.	perocul		Date JO	many 11, 20	مح
Typed or printed name _	Samuel S.	Woodley	<del>-</del>	Registration	No. 43,287	
submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	oplication form to the USPT of for reducing this burden, slinia 22313-1450. DO NOT 1450.	O. Time will vary dep hould be sent to the Cl SEND FEES OR COM	pending upon the ir hief Information Of MPLETED FORMS	ndividual case. Any co ficer, U.S. Patent and STO THIS ADDRESS	he public which is to file (an ninutes to complete, including mments on the amount of the Trademark Office, U.S. Depos. SEND TO: Commissioner displays a valid OMB control	me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,
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PART B - FEE(S) TRANSMITTAL